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Understanding Transgender Community: Locating Support and Resiliency Using the Minority Stress Model

Rosalind D. Kichler

University of Nebraska-Lincoln, rosalind.kichler@huskers.unl.edu

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UNDERSTANDING TRANSGENDER COMMUNITY: LOCATING SUPPORT AND
RESILIENCY USING THE MINORITY STRESS MODEL

By

Rosalind Kichler

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UNDERSTANDING TRANSGENDER COMMUNITY: LOCATING SUPPORT AND RESILIENCY USING THE MINORITY STRESS MODEL

Rosalind Kichler, M.A.

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Advisor: Emily Kazyak

The minority stress model (Meyer 2003) predicts stigmatized minorities, like transgender persons, suffer worse mental health due to exposure to discrimination. However support from similarly stigmatized others can ameliorate the effect of discrimination stress. Although gender and sexual minorities are often assumed to have access to and support from “the” LGBTQ community or “the” transgender community, many may not understand themselves as members of this community nor feel supported by it. Therefore it is essential to interrogate what community *means* to LGBTQ persons, particularly to transgender people for whom a paucity of literature exists. Based on in-depth interviews with 10 trans persons living in a midsize town in Florida I found participants understood community as small personal communities defined by connection and care, similar to families of choice (Weston 1991). These personal communities provided frequent, unique and truly multidimensional support enabling the development of resiliency.

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INTRODUCTION

In June 2014 *Time* magazine's cover featured now well-known transgender actress and activist Laverne Cox standing tall next to the headline "The Transgender Tipping Point: America's Next Civil Rights Frontier." Yet as of early 2016, only 13 states currently have laws in place to facilitate gender marker change on both birth certificates and drivers licenses, only 20 states prohibit housing discrimination and employment discrimination based on gender identity, and, despite the promises of the Affordable Care Act (2011), insurance coverage for medical transition services, such as sex hormones and gender reassignment surgery, is still not guaranteed (Human Rights Campaign 2016). In 2015, twenty-one anti-trans state laws were proposed; this number more than doubled in 2016 to 44 thus far (Human Rights Campaign 2016). In 2015, more than 20 trans persons, primarily trans women of color, were murdered simply for being transgender (National LGBTQ Task Force 2016). Moreover, the National Transgender Discrimination Survey (NTDS) found almost two thirds (63%) of respondents had experienced a serious act of discrimination; twenty-three percent of respondents had experienced at least *three* such serious acts of discrimination (Grant et al. 2011). Although trans identities may be increasingly visible, trans persons still experience overwhelming discrimination.

Yet to speak only of discrimination ignores the incredible efforts of trans persons to survive and even thrive in these adverse conditions. Minority stress model (Meyer 2003) provides one framework for understanding how resiliency can be developed despite increased exposure to discrimination. Specifically, minority stress model predicts stigmatized minorities, like transgender persons, suffer worse mental health due to

exposure to discrimination, but identification with and support from communities of similarly stigmatized others can ameliorate the deleterious effects of this discrimination (Meyer 2003). Resiliency is inherently a community level resource (Meyer 2015).

Although trans persons are often assumed to have access to and support from “the” LGBTQ community or “the” trans community, many may not understand themselves as members of this community nor feel supported by it. Therefore it is essential to interrogate what community *means* to transgender people for whom a paucity of literature exists. Thus I ask: How do trans persons understand community? How might community provide support to trans members? And how might support enable the development of resiliency? Based on in-depth interviews with 10 trans persons living in “Townsville,” a midsize college town in Florida, I found participants understood community to mean small personal communities, often similar to families of choice (Weston 1991). These personal communities provided frequent, intimate, and truly multidimensional support. Thus these small personal communities likely function to develop resiliency, enabling transgender persons to survive persistent discrimination.

LITERATURE REVIEW

Defining Transgender Identities: Terminology

Just as there are no universally agreed upon definitions of lesbian, gay, bisexual and queer identity, there is no agreed upon definition of transgender. Transgender is commonly used as “an umbrella term to include everyone who challenges the boundaries of sex and gender” (Feinberg 1996, x). Thus transgender includes any persons whose gender identity, “one’s subjective sense of being a boy, girl, man, woman, or some

combination thereof” (Pfeffer 2010, 167), and/or gender expression, “social presentation of gender in everyday life (through dress, bodily comportment, vocal expressions, etc.” (Pfeffer 2010, 167), does not match the sex and/or gender they were assigned at birth. Gender is assigned at birth based on doctors’ categorization of babies’ sex as either male or female. Although as many as 1 in 1000 babies are likely born intersex, meaning their genitals, hormones and chromosomes do not exactly align with the supposedly discrete categories of “male” or “female” (see the Intersex Society of North America for more information), gender is assumed to follow from sex: male babies are boys who will grow up to be men, and female babies are girls who will grow up to be women.

Because of the distinction drawn between sex and gender, some distinguish *transgender* persons from *transsexual* persons. In this classificatory scheme, transsexual individuals are those who seek to change their *sex* by pursuing medical transition, whereas transgender individuals only seek to change their *gender* and thus do not pursue medical intervention. However, given queer theoretical critiques that sex is “always already” gender (see Butler 2008/1990 for more) and the complexities of self-definitions—“not all transsexuals choose surgery or hormones; some transgender people do” (Feinburg 1996, x)—transgender or simply “trans” is increasingly used to refer to all persons who *transverse* the sex and/or gender they were assigned at birth. Trans people may be trans women, trans men, or non-binary. Trans persons falling in this latter category have a gender that does not fit within the binary categories of male/man and female/woman. There are many specific identity terms associated with non-binary identity including but not limited to: genderqueer, agender, bigender, pangender, and genderfluid. “Gender minority” is also an increasingly popular term used to describe

trans persons, however it is also used as an umbrella term for any person who describes themselves as “gender nonconforming” even if they do not identify as trans (Reisner et al. 2015).

Although many scholars refer to trans men as “female-to-male” (FTM) and trans women as “male-to-female” (MTF), there is a desire to move away from these labels because they serve to both reify binary and (Western) constructions of sex/gender and overemphasize the importance of sex in determining gender (Feinberg 1996, xi). In agreement with this logic, I do not use the terms FTM or MTF in this paper and instead only employ the terms trans woman and trans man. Additionally, many trans persons have pushed to introduce the term “cisgender” (cis) to mark persons whose gender identity and expression does match the sex/gender they were assigned at birth. Cis should *always* be used instead of “non-transgender” as the latter terminology normalizes cisgender identity, further contributing to the stigmatization and marginalization of transgender identities. Consequently, cissexism refers to the system of oppression that normalizes and privileges cisgender over transgender, creating prejudice, stigmatization, discrimination, and marginalization against all trans people (Hibbs 2014; for more on the operations of cissexism see Schilt and Westbrook 2009 and Westbrook and Schilt 2014).

The Minority Stress Model and Trans Persons

The minority stress model (Meyer 2003; Meyer 1995) was developed to explain mental health disparities between sexual minority persons (primarily lesbian, gay, and bisexual, but also other sexual identities associated with same-sex/gender attraction such as queer) and their heterosexual counterparts. According to this model these inequalities can be explained by sexual minority persons exposure to unique discrimination stressors

related to their stigmatized sexual minority status. Minority stress ranges from distal to proximal. Distal stressors are objective experiences of discrimination, whereas proximal stressors are more subjective and thus more closely related to individual's self-identifications. Meyers (2003) identifies three types of proximal stressors: expectations of discriminatory events and the constant vigilance such expectations require, concealment of sexuality, and internalized homophobia. However sexual minority status conveys unique *group-level* resources, too (Meyer 2003). These resources, specifically identification with and support from other sexual minority persons, are conceptualized under the framework of "minority coping," and can attenuate the deleterious effects of minority stress through the development of resiliency.

Trans people, even heterosexual trans persons, have often been included as members of the sexual minority community for a variety of reasons (an exploration of these reasons is beyond the scope of this literature review; for an excellent ethnographic account of the emergence of transgender as an identity category distinct from sexual identity see Valentine 2007), as indicated by the commonly used acronym LGBTQ. Considering trans persons are in many ways already members of the community, minority stress model seems particularly applicable to them. In fact, Meyer (2015) notes, "although I originally developed minority stress in the context of sexual orientation, gender identity is similarly implicated" (209). Thus a small but growing body of research has begun empirically testing the minority stress model as an explanation for the worse mental health of transgender persons (Bockting et al. 2013; Budge, Rossman, and Howard 2014; Goldblum et al. 2012; Miller and Grollman 2015; Reisner et al. 2015; Su et al. 2016; Testa, Jimenez, and Rankin 2014; Testa et al. 2012).

Just as sexual minority persons are exposed to unique heterosexist discrimination stressors due to their sexual orientation, trans persons face unique cissexist discrimination stressors due to their transgender status. The National Transgender Discrimination Survey (NTDS), the most extensive survey of trans persons to date, found almost two thirds (63%) of respondents had experienced a serious act of discrimination, defined as events that would have a major impact on a person's quality of life and ability to sustain themselves financially or emotionally; twenty-three percent of respondents had experienced at least *three* such serious acts of discrimination (Grant et al. 2011). Trans persons suffer worse mental and physical health than their cis peers. According to NTDS (Grant et al. 2011), an astronomical 41% of respondents reported having attempted suicide, compared to 1.6% of the general population. Trans persons were also found to have higher rates of lifetime cigarette, alcohol, and drug use (Grant et al. 2011). One of the benefits of using the minority stress model is that it clearly establishes the worse mental health of trans persons is not a result of being transgender, but of exposure to gender minority stress. Application of the minority stress model thus helps counter the pathologization of trans identities (Hendricks and Testa 2012).

The minority stress model has been found to be highly applicable to trans persons. The worse mental health of trans persons, as indicated by high suicidality (Clements-Noelle et al. 2006; Goldblum et al. 2012; Miller and Grollman 2015; Su et al. 2016; Testa et al. 2014; Testa et al. 2012), depression (Budge et al. 2014; Gonzalez et al. 2012; Nuttbrock et al. 2010; Su et al. 2016), substance use (Reisner et al. 2015; Wolf and Dew 2010), and general psychological distress (Bockting et al. 2013; Sanchez and Vilain 2009), can be explained by their exposure to gender minority stress. As with sexual

minority stress, this stress ranges from distal to proximal including objective experiences of discrimination such as physical and sexual assault (Testa et al. 2012) or gender-based victimization (Goldblum et al. 2012), expectations of discrimination and the constant vigilance these required, as exemplified by feelings of fear when first understanding oneself as trans (Testa et al. 2014), attempts to conceal one's stigmatized identity, such as only being able to live "part time" in one's gender (Gonzalez et al. 2012), and internalized transphobia. As a form of stigma visibility, gender nonconformity, may moderate the relationship between transgender status and experiences of discrimination; if others can read one as trans then discrimination becomes more likely (Miller and Grollman 2015).

Identification with and support from other gender minority persons attenuates the deleterious effects of minority stress through the development of resiliency (Bocking et al. 2013; Follins et al. 2014; Sanchez and Vilain 2009; Su et al. 2016; Testa et al. 2014). At high levels, peer support was shown to fully moderate the relationship between enacted stigma (objective experiences of discrimination) and psychological distress for trans persons (Bocking et al. 2013). More proximally, higher levels of self-acceptance of trans identity greatly reduced trans respondents' likelihood of experiencing depressive symptoms in the past week (Su et al. 2016). Among genderqueer persons (recall, genderqueer is a specific non-binary trans identity), social support was significantly and negatively associated with both depression and anxiety (Budge et al. 2014). And among trans women, the more positively respondents felt about being a part of a "transsexual" community, the less psychological distress they experienced (Sanchez and Vilain 2009). Similarly, both trans men and women who had prior awareness of other trans persons at

the time when they first felt they were transgender were significantly less likely to report feeling fearful; trans men and women were also significantly less likely to report feeling suicidal when they first began identifying as transgender if they had prior awareness of other trans people or had met another trans person (Testa et al. 2014). However the relationship between having prior awareness of other trans people or having met another trans person and decreased fearfulness and suicidality when first experiencing feelings of being transgender did not hold for non-binary trans persons (Testa et al 2014). This is likely a consequence of the relative invisibility and lack of resources for non-binary trans people in the trans community. Just as there is no monolithic sexual minority community that supports all its members (Frost and Meyer 2012), there is no monolithic supportive gender minority community.

Yet minority stress model research often measures connectedness to “the” gender minority (or sexual and gender minority) community as a proxy for resilience (Frost and Meyer 2012). Unfortunately “the” LGBTQ community is frequently understood as White, middle class, male, and biphobic. Consequently, sexual and gender minority persons of color, poor and working-class LGBTQ persons, women, and bisexual persons may feel less connected to “the” LGBTQ community. Although, Frost and Meyer (2012) do not theorize how “the” trans community may privilege other intersecting identities, it is likely it is similarly White and middle class. Further, there may be an emphasis on trans persons who undergo (or at least desire to undergo) medical transition (Siebler 2012). Such an emphasis likely excludes trans persons who do not desire medical transition, especially non-binary trans persons. Thus this study investigates what community means to a sample of trans persons. Without an empirically grounded

understanding of community, minority stress research is likely to miss much of the support that comes from trans persons' communities, but not "the" trans community.

Community and Trans Communities

Within the social sciences, there is little agreement on the definition of community. Over fifty years ago Hillery (1955) identified 94 distinct definitions of community, however he notes approximately two thirds of definitions agreed upon social interaction, shared ties, and an area context (shared geographic location) as fundamental to community. In a more updated examination of community, MacQueen et al. (2001) found community is best defined as "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (12). Shared geographic locations may be especially important to the development of sexual minority communities as these communities have frequently been "imagined" (see Anderson 2006/1983) to be located exclusively in urban, coastal cities like San Francisco (Weston 1995). Yet in a "post-gay" era where gay identity is increasingly assimilationist (Ghaziani 2011), sexuality has been gradually unbound from geography. For example, a study of urban gay men found social connection with other gay men, but not residence in a gay enclave neighborhoods, drove respondents' feelings of attachment to gay community (Kelly et al. 2014).

Much of the research on sexual minority communities has worked to complicate the imagined "gay" community (Easterbrook et al. 2013; Fraser 2008; Heath and Mulligan 2008; Holt 2011; LeBeau and Jellison 2009; Lehavot, Balsam, and Ibrahim-Wells 2009; Peacock et al. 2001; Woolwine 2000). Among a relatively homogenous

sample of 26 gay men belonging to the San Francisco gay community, 32 different sub-communities were identified (Peacock et al. 2001). LaBeau and Jellison (2009) found little agreement in gay and bisexual men's conception of the gay community with some believing it was locally bounded whereas others viewed it as a global community encompassing all sexual (and even gender) minority persons; further, participants differed on whether or not they conceived of the gay community as an informal friendship network or as a collection of formal institutions such as community centers and gay bars/clubs.

In a mixed sample of sexual minority men and women, divides were found based on sexual identity such that gay men were more likely to socialize with other gay men, lesbian women were more likely to socialize with lesbian women, and so on (Easterbrook et al. 2013). Similarly, lesbian and bisexual women participate in distinct communities based on their different sexualities (Heath and Mulligan 2008; Lehavot et al 2009). Sexual minority women's communities are further strained not only by biphobia, which ostracizes bisexual women from lesbian communities, but also by racism and classism (Lehavot et al. 2009). Despite these challenges to community, many sexual minority persons still imagine a gay community united by sameness (Easterbrook et al. 2013; Fraser 2008; Holt 2011; Woolwine 2000). Unfortunately, this imagined sameness has real, negative consequences. Amongst a sample of young Australian gay men, Fraser (2008) found many participants felt excluded from the gay community due to their perceived differences from it.

Researchers have thus begun to advocate for understanding gay community and communities as *personal* communities (Holt 2011; Morris et al. 2015; Wilkinson et al.

2012; Woolwine 2000). Woolwine (2000) argues gay men experience community in three ways: as an imagined community (albeit one that participants recognized as divided), as centered around specific gay or AIDS related organizations and institutions, and as personal communities. Personal communities created through friends and friendship networks provided “the most pure primary experience of community” (Woolwine 2000: 31). Similarly, Holt (2011) found that gay male participants expressed ambivalence about the gay community and instead found belonging in personal communities. Path analysis shows a sense of belonging to a general gay community was determined by a gay men’s sense of belonging to gay groups and a sense of belonging with gay friends; in turn, a sense of belonging to the general community significantly reduced depressive symptoms (Morris et al. 2015).

Families of choice (Weston 1991) are similar to personal communities, although the latter is perhaps more inclusive as it does not necessarily reify the distinction between family and friendship (Pahl and Spencer 2004). Families of choice are familial-like relationships of intimacy that are chosen, instead of defined by legal or blood ties (Weston 1991). Families of choice emerge from specific historical relations. With regards to the LGBTQ community, it was the emergence of a coherent “homosexual” identity (see Foucault 1990/1976 for a detailed theoretical discussion of the emergence and crystallization of homosexual identity) that necessitated the creation of communities specifically for “homosexuals,” especially as heightened gay visibility also brought heightened discrimination against sexual minorities. Yet, “gay” identity was not enough to unite all sexual minority persons, whom varied by sexuality, gender, race/ethnicity, class, age, geography, etc.; nor could the gay community provide support to all its

members as families are expected to. Thus it was necessary for LGBTQ persons to form specific, intentional ties with other sexual minority persons in order to build their own close, familial relationships based on mutual love and capable of providing support to all members (Weston 1991). Currently there is no research explicitly utilizing a families of choice framework in order to understand the lives of trans persons. One study of Black gay families in the South (Levitt et al. 2015) interviewed ten self-identified gay men, of which half identified with female roles, used she/her pronouns and had feminine presentations. However, none of these participants identified as transgender and thus conclusions about trans families of choice cannot be drawn.

Research on transgender communities has been almost exclusively limited to health needs assessments although there are exceptions. Hines (2007) and Schrock, Holden, and Reid (2004) have conducted research with trans support groups, which may very well be considered communities. Yet both studies utilize a social movements perspective and are thus interested in how these groups facilitate mobilization and activism, not community. Siebler (2012) focuses specifically on online trans community, however her examination is more theoretical than empirical. She suggests that while online trans communities may offer needed information and counter trans individuals' feelings of isolation, ultimately these communities present "a singular and unified pedagogy of transgender identity: be who you are, but you need to spend money to align your body with who you really are; your natural state *is* one that is unnatural and needs remediation" (Siebler 2012: 95; original emphasis). Thus her study fits better within the more extensive, albeit still limited, literature on trans identity. Factor and Rosenblum (2008) provide perhaps the only studies to ask trans participants about their feelings of

connection to both the LGB community and the trans community. The authors find no differences in feelings of connection to the trans community when comparing trans men, trans women and genderqueer trans people, however genderqueer participants did feel significantly more connection to the LGB community than both trans men and trans women (Factor and Rosenblum 2008).

When trans identity emerged as a divisive category of difference serving to marginalize trans persons in the mainstream gay community, it is likely trans persons responded by forming their own families of choice with other trans persons. Further as trans persons become more visible and more individuals become able to claim a trans identity, it is likely that variation in other identities may preclude the formation of a functioning, singular trans community. Thus given the historical moment in which we find ourselves, when trans visibility is greater than ever, yet legal and social discrimination against trans persons remains high, families of choice may provide the best framework for understanding trans communities.

METHODS

Data came from 10 semi-structured interviews with trans persons living in “Townsville,” a midsized college town in Florida. Townsville was chosen due to the presence a close trans friend who was willing to act as a gatekeeper. Amongst trans persons social science researchers are often viewed with mistrust; focus groups with trans women, conducted in order to analyze barriers to their participation in HIV vaccine clinical trial, found “the general lack of trust and confidence in the larger scientific community provided ample reason for lack of involvement “(Andrasik et al. 2014: 272).

Thus I believed having a gatekeeper who could inform other trans persons in Townsville of my study prior to my arrival would generate greater trust. Even so, there were a handful of trans persons who were willing to speak with me informally, but stated they were unwilling to be formally interviewed by a cis researcher.

Interviews were conducted between July and August 2015. In order to be eligible for participation, individuals had to identify as trans, be at least 18 years old and live in Townsville. Once in Townsville, the gatekeeper put me in contact with some of the trans persons she had already spoken with and who agreed to be interviewed. At the conclusion of each interview I asked participants if they could recommend other trans persons in Townsville who might be willing to be interviewed. I then contacted recommended persons and provided them with an overview of the study. Hence a snowball sampling method was used to obtain participants (Hennink, Hutter, and Bailey 2011). However given my limited time in Townsville and the sampling method used, the final sample was relatively small and homogenous. Additionally, snowball sampling is likely to exclude more isolated trans persons who do not experience connection with any community.

Interviews ranged in length from 25 minutes to an hour and a half; most interviews lasted approximately an hour. All interviews were conducted either at public coffee shops or in participants' homes depending on their preference. Interviews were semi-structured. The interview instrument broadly queried participants on their experiences living in Townsville, the presence or absence of trans community in Townsville, the meaning of community, the details of their community, and the support their community provided them. All interviews were audio recorded and transcribed verbatim. Transcripts were uploaded to NVivo 10 (QSR International), a qualitative data

analysis software, for coding. I used an open coding method (Corbin and Strauss 2008) in order to allow codes and themes to emerge from the data. I first selected six transcripts that best represented the diversity of my sample in terms of race, age, gender, and community of belonging. Using this sample, I developed an initial list of codes. Once this initial coding list was completed I reexamined the coded transcripts to ensure codes were applied consistently. These initial codes were then used to code the remaining four transcripts. In instances where these initial codes were unable to accurately represent the data, I generated new codes and recoded transcripts as needed to reflect the introduction of new codes. Throughout the coding process I made memos to help me develop my analysis by noting connections between codes and emerging themes.

Demographic Profile of Participants

Participants' were eight trans women (including one participant who identified as a trans womyn) and two trans men. The participant who used "womyn" instead of woman did so to remove any reference to men from her identity. Although the demographic composition of the US trans population is largely unknown, trans women typically outnumber trans men in most surveys (Meier and Labuski 2013). Participants' ages ranged from 20 to 41 with an average age of 25.3. The NTDS similarly found participants age 18 to 44 were overrepresented in their sample and suggest this might reflect differing understandings and acceptances of trans identity across generations (Grant et al. 2011). Participants were mostly White, although one participant was a Latina woman. No participant identified as heterosexual/straight; three were lesbian women, two were pansexual, two were bisexual/ "bicurious," two were queer, and one identified as asexual. Although many trans persons are heterosexual, the NTDS similarly found that sexual

minorities outnumbered heterosexuals more than 3 to 1 (Grant et al. 2011). The snowball sampling method employed likely contributes to the homogeneity of gender, age, race and sexuality in my sample.

Participants were overwhelmingly poor. Three participants lived in extreme poverty (defined as an annual income less than \$10,000). Of the remaining sample, four had an annual income between \$10,000 and \$19,999; two had an annual income between \$20,000 and \$39,999. Only one participant was firmly middle class, making between \$40,000 and \$59,999 a year. Again, the NTDS found respondents reported far lower household incomes than the general US population and were almost four times more likely to live in extreme poverty (Grant et al. 2011). Finally, with regards to education two participants had less than a high school diploma, two participants had not completed college and had no plan to complete a bachelors' degree in the near future, two participants were in the process of completing a bachelors' degree, and three had completed a bachelors. Only one participant had an advanced degree. See Table 1 (Appendix A) for a complete demographic profile of each participant. All names used for participants are pseudonyms.

FINDINGS

In the following sections I first I describe the communities of participants and then explore how participants understood community; I contrast the personal communities of participants against the imagined Townsville trans community, noting how divides based on gender and class precluded the formation of an actual (experienced) citywide community. I then examine the differing types of support

provided by participants' communities. Finally, I question whether or not this support enabled the development of resiliency.

Community

Although it is common to speak of “the” LGBT community or “the” trans community, a single, unified sexual and/or gender minority community does not exist (Frost and Meyer 2012). Within Townsville participants did not belong to a singular trans community. Instead, participants' communities were small, frequently less than ten members. Participants did occasionally speak of the city's trans community as a singular entity. However references to the city's trans community were more a convenient way to discuss multiple unconnected trans persons in their town, rather than a reference to an existing community; the citywide trans community was thus an imagined community (Anderson 2006/1983).

In this section I will first briefly describe the five personal communities of participants. I then examine how participants defined community, contrasting participants' personal communities to the imagined citywide trans community. Because intersecting identities such as race, class, gender and age created divides between trans persons, precluding the formation of a citywide trans community, participants instead sought out smaller, personal communities defined by connection and care. I argue these communities function as families of choice (Weston 1991), even the communities that did not explicitly label themselves as such.

Personal communities

Sister Station. “Sister Station” is an intentional no men community centered on two houses that shared the same lot. These two houses were in states of complete disrepair; mold was growing in the houses, rats lived in the walls, and one did not have proper flooring. Each house could provide space for upwards of ten people and the rent for each house was only \$450 a month. The people who lived in the houses recognized they were living in “a shithole and it is poisoning us” (Morgan, 23 year old trans woman), however they had no other options, as it was one of the few places these women could afford. While Sister Station centered on these two houses, the community did include a few people who had never lived in either house.

The community developed intentionally around “the idea of excluding men, the idea that this is a space that’s supposed to be safe for trans women, for non-binary persons, for cis women. Basically like creating and fostering an atmosphere that does not perpetuate the sort of microaggressions and oppressive attitudes that those groups encounter in the rest of the world” (Isabel, 24 year old trans woman). The community further focused on the most marginalized women: trans women, women of color, and lesbian women. In order to make the space safe(r) for all women, especially marginalized women, men were not allowed in either house. A sign posted next to the front door of one of the houses read, “no dudes without food;” this rule was strictly enforced.

The Family. Two participants considered their chosen family their community. The core Family is composed of eight people, however including “extended family,” persons who frequently hung out with the Family but were not as close to them, there

were upwards of fifteen members. Most Family members were trans, however some members were “queer” (used as an umbrella term for sexual minority persons, although some may have also identified their sexual identity as queer) cis persons. Many Family members lived together. Members hung out other members almost everyday and kept in contact via text message or social media messenger services everyday; large Family events where all Family members were present occurred approximately twice a month. According to participants, the Family was brought together by shared experiences, especially traumatic experiences.

The downtown community. The downtown community was relatively loosely defined, including upwards of twenty persons who frequently hung out together in downtown Townsville. It was the only personal community where a minority of members were trans. Of the two participants who belonged to this community one came out as a trans woman during the two months I was in Townsville and the other belonged to another trans community, but was, “very busy and I don’t have time to make new friends and stuff like that, so like the friends that I have access to are sort of community” (Isabel). However, Hannah, a 24 year old trans woman who belonged to the downtown community, considered it “pretty anti-establishment and queer, very queer,” which she felt made it a safe space for her to come out. Members of the downtown community described hanging out frequently, often according to a schedule of weekly events at different venues downtown (“tallboy Tuesday” at one bar, karaoke on Wednesday at another, etc.). This community overlapped significantly with the sizeable punk scene in the Townsville, and many members also hung out together at local punk shows.

The on-campus trans community. The on-campus community included two different broad LGBTQIA+ student groups and one specifically trans student groups that met on the campus of the large state university housed in Townville. One of the LGBTQIA+ groups was primarily responsible for organizing on-campus events and programming related to gender and sexual minorities, whereas the other, like the on-campus trans group, functioned more as support groups. The organizing group had as many as 100 members. Godiva, a 21 year old trans woman and the only participant who was currently a student at the university, hesitated to consider this broad group of people a community and spoke far more warmly about the off-campus trans communities she belonged to. However, I chose to classify these on-campus groups as representing a “community” because of the connection and support they provide to trans students at the university. Thus because I discuss the support provided on-campus in later sections, it is useful to profile the on-campus community here.

The trans social group. The trans social group met once or twice a month at the local LGBTQ center. The group was open to all trans persons living the Townsville. According to participants, there was a core group of six to eight persons who frequently attended, including a trans woman who was employed by the LGBTQ center and was responsible for facilitating the group. Like a support group, this community met at regularly scheduled times and meetings proceeded in a routinized manner, always starting with introductions before proceeding to a more open forum where attendees were encouraged to discuss any and all aspects of trans identity from experiences with cissexism to questions about wearing dresses or suites for the first time. After the official meeting ended, attendees frequently stayed to talk to each other and then went out

together to restaurants or bars to continue hanging out. All participants who belonged to this community described making a lasting friendship with other trans persons through the social group.

Defining community

The ambiguity and complexity of the concept of community was not lost on participants. When asked to define community, Morgan, a 23 year old trans woman, commented, “It’s such a vague word that I don’t really know how to describe it and it’s been used in so many different contexts that I actually really don’t know what that means.” For many participants community was defined by feelings of connection with others. Feelings of connection could be as simple as, “having people that treat you warmly. You see somebody out and about and if it’s some you say hello to, that’s someone in your community, right?” (Hannah, 24 year old trans woman). Hannah further elaborated, “the fact that I can go to a lot of—most places—and find someone that I know, sit down, and talk to them; that’s what makes me feel like I’m in a community.” Godiva, a 21 year old trans woman, defined community as “people with a common understanding.” Similarly, Pink, a 20 year old trans woman, described community as feeling “like I’m not alone” and “a place where I can talk to like-minded people.” However, for one participant community was exclusively reserved for the larger, citywide LGBT population. When asked if she felt the trans social group to which she belonged was a community, Cecelia, a 41 year old trans woman, argued “it’s not big enough to be a community to me. I know it’s an actual portion of the larger community, the actual LGBT community here.” Thus for Cecelia, community was a term reserved for the imagined Townsville sexual and gender minority community.

Other definitions of community centered on care. Morgan, who had difficulty defining community above, decided she was in fact a member of a trans women's community because "we share resources and take care of each other as best we can." Irving, a 22 year old trans womyn, described care as "integral to the creation of trans women communities." Care is integral because it ensures "we [trans women] can make sure each other doesn't die." Other participants agreed that community was a group of people that enabled survival ("not dying") through care. "Part of that community is human connection and love and empathy and warmth," said Mark, a 23 year old trans man. He added, "its almost like that feeling of family because that's what I've found, and for me, that is what has kept me alive and has kept me somewhat sane [laugh], is finding that family."

For trans women's communities, family was explicitly gendered as "sisterhood." Irving described sisterhood as:

When I talk about someone as my sister I guess like I'm conceptualizing it almost as like, I guess camaraderie would be another word for it, but it's like very specifically gendered for someone who is like family to me, when like I don't really trust or care for my [biolegal] family. It's an act of like a very specific type of like very gentle intimacy that is in some senses familial and it's also just like a bond created in war and hardened in fire, like people who I know will fight and die for me because they care about me on a very base level that like can't really be fucked with.

Irving first contrasts the relationship she has with her sisters against the relationship she has with her biolegal family; whereas she doesn't really trust or care for her biolegal

family, she does trust and care for her sisters. Sisterhood is more than friendship (camaraderie) not only because it is “specifically gendered” but also because it is more intimate and familial. Finally, because these ties are created from difficult shared personal histories (“created in war and hardened in fire”), they produce a bond based in care that cannot be broken. This description of sisterhood echoes Weston’s (1991) families of choice, which are defined as close familial-like relationships based on mutual love rather than biological ties and capable of providing support to members.

Given the small size of participants’ communities, their basis in emotional connection and care and, in some cases, the use of explicitly familial language, the trans communities described by participants can best be understood as families of choice. Families of choice also provide a fruitful way to compare participants’ communities to the larger, imagined citywide trans community. Families of choice do more than represent a specific form of affective relationships between members of a marginalized community; they also emerge from specific historical circumstances (Weston 1991). When a marginalized identity crystallizes as a distinctive category of difference there is a recognized need to create a community centered on that identity, which serves as family by providing connection and support for all its members. However, as the community grows and the differences between members grow, or at least become noticeable, it can no longer effectively connect and support all its members. At this point, families of choice emerge. Thus in order to better understand participants’ communities, we can compare them against the imagined Townsville trans community.

When asked about this citywide trans community, participants described it as “very disjointed and disconnected” (Mark), “splintered” (Isabel, 24 year old trans

woman), and “a lot of infighting” (James, 23 year old trans man). Celeste, a 32 year old trans woman, was “hesitant to refer to it as one [community] because I feel like there’s kind of a split going on.” Mark further elaborated on this split “I’m not saying we’re going to sit around a fire and sing camp songs, but it feels like we’re pitted against each other in a lot of ways, at least in a lot of my experiences.” Although “pitted against each other” implies an external agent or force responsible for disconnecting trans persons, divides in the citywide community occurred naturally as a result of tensions between other intersecting identities, especially gender and class. Age and race were also briefly mentioned by some participants as divisive identities, however given the homogeneity of age and race in my sample—all but two participants were between the ages of 20 and 24 and all but one is White—these divides were not discussed in detail and thus will not be explored in this section. Intersecting identities also give rise to different politics and lifestyles, which serve to further prevent the formation of a functional citywide trans community.

Gender divides occurred not only between trans men and trans women, but also between binary and non-binary trans persons. With regards to the divide between trans women and trans men, James commented, “a lot of the trans women that we do know in the community they’re looking out more for trans women, which is fair, but a lot of them will attack trans men.” These “attacks” are likely the result of trans women’s experiences with transmisogyny, or the intersection between transphobia and misogyny uniquely affecting trans women (Serano 2007). For example, a brief examination of all trans persons murdered in the last five years reveals that victims of transphobic violence are overwhelmingly trans women (moreover, victims are overwhelmingly trans women of

color); further these murders, when they can be attributed to specific perpetrators, are almost always perpetuated by men. Unsurprisingly, trans women may become distrustful of all men, whether cis or trans. James agreed with this potential explanation, “I don’t think that anyone would ever say that it’s [being a trans man] more difficult than being a trans woman facing transmisogyny. Because I mean I’m not the face of the people that are dying in the greater community, like I know that that’s mostly trans women of color, so I would never say that we have more issues.” Trans men may not have more issues, but due to the divide between trans men and trans women it became difficult for both genders to work together on issues affecting all trans persons in Townsville.

As mentioned above, gender also operated to divide binary (trans men and trans women) and non-binary trans persons (trans persons whose genders do not fit within the binary categories of men and women). Celeste, who facilitated a trans social group that met at the local LGBTQ center, frequently struggled with this divide in her group, “you have a lot of people that are very binary who are either pushed away or deliberately leave circles that have non-binary people in them.” Having personally dealt with this tension, Celeste spoke extensively about why she believed this occurred:

Binary people tend to construct their identity along somewhat classical lines.

They have invested ideas in things like Cosmopolitan magazine or GQ, or you know wearing the dress suite or wearing high heels, like these sort of gender markers they’re almost affirmations of identity. They’re things that you struggle to achieve, things that you were chastised for having and so being able to put pride in those is something that binary people frankly take a lot of pleasure in.

Whereas gender nonconforming, non-binary people tend to view those things as

oppressive, as constricting, maybe part of a larger patriarchal or even white domination or white supremacist kind of idea and as a result the two camps have a hard time sort of reconciling those ideas.

For binary trans persons, being able to do masculinity or femininity is a celebration of their trans identity. Yet embracing traditional norms of gender presentation inadvertently marginalizes non-binary identities by suggesting that there are only two genders and these genders are highly distinctive. Celeste's explanation also further highlights the way in which politics are linked to identity. For non-binary trans persons, the problem with binary identities is not only the way in which they marginalize non-binary identities, but also the way in which they may be viewed as contributing to larger systems of oppression such as patriarchy and white supremacy.

Class was rarely explicitly discussed as a factor dividing the citywide trans community, however participants often spoke of the clear divide between college students at the large state university housed in their city and trans persons who were not college students. Godiva, a 21 year old trans woman, and the only participant who was currently a student at the university, observed, "there tends to be a big disconnect between the on-campus community and the off-campus community." Although college students may be from lower socioeconomic households, attending college, especially a prestigious state university, is undeniably a classed phenomenon. College attendance is also typically a function of age, however since more than three quarters of participants were roughly college aged, age did not emerge as a divisive identity in participants' accounts of the imagined citywide community.

Participants who were not currently in college or had never been in college recognized class divides when they spoke of how “privileged” college students were. For example, noting the divide between trans college students and local trans persons, Mark commented, “there’s a lot of different factors because I think a lot of the university folks they’re a lot more privileged than, say, local folks here.” Privilege, as conceived by participants, refers most explicitly to class privilege. Godiva, who considered herself a member of both on-campus and off-campus trans communities, highlighted differing levels of privilege in these communities when she compared the support she expected to receive from each of these communities:

If I was ever homeless I could count on the [local] community to come together in some way to try and help me out, but I wouldn’t be able to necessarily do that with the on-campus community, just because they’re my friends and stuff, but they’re also just students, as well, and even though they might have more money, more privilege, the [local] community is much more aware of those statistics and stuff and is much more politically aware and can also be much more politically active simply because they have nothing to lose.

While the on-campus community has “more money, more privilege,” Godiva imagines she would turn to the off-campus community precisely because this community does *not* have class privilege (“they have nothing to lose”). Since homelessness is part of their lived experience—another participant who belonged to an off-campus community discussed being homeless at an earlier point in time—or at least threatens to become part of it, the local community better understands how common homelessness and poverty are for trans persons (“those statistics and stuff”). Thus class, like gender, was another

identity that created divides by producing different politics through different life experiences.

Trans identity alone is clearly not enough to unite all trans persons in a city. Other identities such as gender and class create divides between trans persons. These divides have two consequences for trans community: 1) they preclude the creation of a functional Townsville trans community; and 2) as a result of the absence of a citywide community, participants must form or seek out smaller trans communities that can support their intersecting identities.

Support

As explored in the previous section, emotional connection and care were fundamental aspects of participants' definitions of community. These aspects of community can also define support. Thus support is foreground in participants' understandings of community. Simply, participants implicitly defined community as the people who support you. Support was often truly multidimensional, including emotional and instrumental support. Emotional support provides recipients with a feeling of being cared for and loved, whereas instrumental support provides tangible aid (Hinson Langford et al. 1997). House's (1981) classic typology of support also recognizes two additional types of support: informational support, which helps with problem solving, and appraisal support, which communicates information relevant to self-evaluation. Given that problem solving is largely instrumental, I describe informational support under instrumental support. Within the minority stress literature appraisal support is not often discussed as such, and is instead understood as "identity support" (support for individual's stigmatized identity).

In this section, I explore the support participants' communities provided them, first examining emotional support and then instrumental support. Finally, I discuss mutual aid (Kropotkin 1972/1903), which was highly reciprocal form of support that combined both emotional and instrumental support.

Emotional support

Although not all communities provided instrumental support, all communities provided some amount of emotional support. The downtown community probably provided the least emotional support. As the only community studied where sexual and gender minorities were in the minority, support for its trans members was often “nonpolitical” (Isabel, 24 year old trans woman). In other words, support did not recognize the specific needs of trans persons. Instead, according to Isabel, support was members doing their best, “to like just be friendly and make each other laugh and have a good time and like to create a good environment.” Thus within the downtown community emotional support was as simple as hanging out with friends.

When asked if she felt the downtown community supported her identity as a trans woman Hannah, 24 years old, answered, “the only thing that I really see is just all people using the correct pronouns to refer to trans people and doing it without really much of a hitch. That was pretty startling, how quickly it happened and how easy it was for everyone, and that made me really feel good and accepted when I was coming out and going through sort of weird time.” Hannah had been out as a trans woman for less than two weeks at the time of her interview. This, combined with the fact that her community had only recently learned it must use different pronouns for Hannah, may make correct pronoun usage especially supportive. However, Isabel, who had been out as a trans

woman during her entire time as a member of the downtown community, was sometimes frustrated by the lack of support beyond this basic respect for her gender. While she found it, “kind of pleasant that it’s [being trans] not a big deal,” she also wished the downtown community would develop a more political understanding of why being trans is a big deal and necessitates further support.

The on-campus community and the trans support group provide a level of emotional support beyond that of the downtown community. While much of the emotional support provided by these groups was similarly understood as “hanging out,” these communities were distinct because hanging out occurred with other trans persons and in spaces made safe for gender and sexual minority person. Therefore these communities provided opportunities to make connections with other trans persons, providing emotional support specifically centered on trans identities. Cecelia, a 41 year old trans woman, described feeling, “really happy to meet other people and realize that I’m not alone” after attending her first meeting of the trans social group.

Pink, a 20 year old trans woman, first attended the trans support group because “I was looking for trans friends. I wanted to meet other people, that’s pretty much the reason. I wanted to ask questions about all the things I had questions about and I thought the best way to do that was to find people I could talk to in real life, not just on the Internet.” Although many participants spoke about the importance of online groups, most participants used these groups as ways to meet trans persons in real life or keep in contact with people they had already met in person. Thus online groups did not replace the need for in person community. Additionally, as Pink highlights, connecting with other trans people provides an opportunity to ask questions that are best answered by other trans

persons. These questions include details about trans identity and identity development over time, how to respond to instances of cissexist discrimination, and information about locating local trans friendly social and medical service providers. The distribution of information concerning local providers will be examined in the following section as a type of instrumental support. For now, I focus on the first two types of questions, which can be conceptualized as identity-based emotional support. As mentioned above, other researchers working outside the minority stress paradigm might better understand aspects of this type of support as appraisal support (House 1981).

Godiva, a 21 year old trans woman, spoke about the importance of her relationships with older trans persons who have greater lived experience in their trans identity. “It’s been great to have people who can at least guide me a little and who can at least been like, ‘yeah, I’ve been there, and I know what that feels like.’” This desire to meet others who have “been there” and therefore “know what that feels like” emphasizes the importance of identity support. Trans persons who do not have interactions and relationships with other trans people may be unable to determine if what they’re experiencing is “normal.” Therefore support from other trans persons could enable more positive appraisal of their stigmatized trans identity.

Both trans groups, the one on-campus and off, thus began each meeting by providing an open forum to discuss members’ experiences since the last meeting, encouraging members to share their experiences so they could be discussed and validated by the community. This open discussion also provided a space in which persons who had been trans for longer could share their experience with trans persons who were just beginning to claim a trans identity. For example, Cecelia discussed the issue of clothing

and dress among new trans persons: “There’s people who feel that they’re trans and are not yet willing to dress that way [in accordance with their gender identity] and we’re trying to just encourage them to dress at home first, and we try to just give out a little bit of our own experience to them to help encourage them to try stuff and we tell people, ‘it may or may not be this way for you, cause it’s different for everyone, but at least try different things and see how you feel.’ So it’s very supportive in that way.” By sharing their own experiences, members are able to validate the unique issues faced by trans persons and then propose solutions from their own experiences. It is important to understand that the identity support that occurs in these support group communities is not only beneficial to the person receiving support; it is also beneficial to the persons providing support because it allows them to put negative experiences to positive use.

Like the on-campus community and the off-campus support group, Sister Station and the Family, provided identity support in environments that were safe for trans persons. However, these groups are unique due to the greater intensity and continuity of the emotional support they provide to members. The continuity of emotional support came in the form of constant “checking in.” Checking in occurred through text messages and messages on social media (such as Facebook’s messenger service). James, a 23 year old trans man, conceptualized checking in as, “anything from like just checking in to see how we’re doing, like, ‘hey, how’s your day going?’ and really being able to listen and like knowing that there’s like an honesty, that I can say like, ‘my day is shit and here’s why.’” Thus check-ins provided emotional support by reminding community members that other members cared about how their day was going and allowing members to seek immediate emotional support through the opportunity to say “my day is shit and here’s

why.” Often for members who were experiencing difficult days, checking-in translated into scheduling time to hang out with other community members so that support could be offered in-person.

The intensity of emotional support offered by these communities was conceptualized by members as “processing.” Although participants did not specifically define processing, it was described in accordance with cognitive processing therapy or some forms of cognitive behavioral therapy. In these types of therapy, processing refers to the work mental health practitioners do to help clients become more aware of their thoughts and feelings regarding trauma and then challenge these thoughts so as to develop an adaptive understanding of traumatic experiences (U.S. Department of Veteran Affairs 2015). Whereas the previously discussed communities provided opportunities to discuss difficult and even traumatic encounters with cissexism and transphobia, Sister Station and the Family believed they were able to help members recover from these experiences. These traumatic experiences included experiences such as rejection from biolegal families and friends, homelessness, pervasive feelings of fear and unsafeness after the murder of trans persons, substance abuse, and gender dysphoria, which is the distress experienced based on the difference between an individual’s current gender and the perception of their gender and/or their sex/gender assigned at birth (American Psychiatric Association 2013). Thus processing allowed community members to grow together. For example, Mark, a 23 year old trans man, identified “help[ing] each other grow” as the “first and foremost” support the Family provided each other. “These last few years, have been very much so growing years for all of us, and we’ve all mourned together. So we’ve grown and we’ve grieved together. And we’ve also accepted where

each person is at and we meet each other where we're at." In order to help members grow by processing difficult and potentially traumatic experiences, it is essential that emotional support be personalized ("meet[ing] each other where we're at").

As was explored in the first section, Sister Station, which was an intentional women and no-men's community, specifically gendered care and support as "sisterhood."

Irving, a 22 year old trans womyn, saw processing as intricately tied to sisterhood:

You know a big thing I've been realizing about trans sisterhood recently is that like we need to be close to each other and processing stuff constantly because like there's a lot more than like just transmisogyny that we're experiencing and we need like to be able to like talk about it [experienced transmisogyny] and internalized transmisogyny. We need to be able to talk about our sexualities and we need to be able to talk about personal experience and all of the way more nuanced shit than just like dealing, like cause like if we're not together for long enough, when we're together all we can do is talk about the immediate transmisogyny we're experiencing, but there's so much more shit to unpack. But like I really was able to do actively living with and caring for other trans women.

Although transmisogyny, both experienced and internalized, is an important aspect of trans women's experiences, there are other aspects of trans women's identities that also need to be discussed and processed. Thus Irving argues that continuity of emotional support ("being together for long enough") is an important factor that can determine the intensity of emotional support. If trans women do not receive constant emotional support in the form of sisterhood, then they will only be able to discuss limited aspects of their

lives as trans women. And more expansive discussion of trans women's lives enables members to begin discussing "the way more nuanced shit than just like dealing."

Instrumental support

Both participants who belonged to the downtown community did not discuss instances of instrumental support. Therefore I do not discuss the downtown community in this section. In contrast all other communities studied did provide some level of instrumental support.

Because trans identities have been stigmatized and marginalized, it is not easy for trans persons to gain access to information about trans issues. While some information, such as identity terminology, may be available online, information about the local landscape for trans persons is not. Consequently, providing information about local health practitioners was a common form of information sharing discussed by multiple participants. This is an especially important resource because health practitioners rarely receive training about trans identities, bodies and healthcare needs; therefore they often enter the practitioner-patient interaction with ambivalence and uncertainty, which typically serves to further stigmatize trans patients (Poteat, German, Kerrigan 2013). Understandably many persons in my sample were not eager to interact with health practitioners. Thus being able to ask other trans persons about their experiences with local doctors allowed them to avoid stigmatizing experiences by avoiding health practitioners who were unfamiliar with trans identities and trans healthcare needs.

Doctors become even more important for trans persons who do seek medical transition services. Finding a doctor who will provide such services is challenging (again, this type of training is not currently offered to the vast majority of doctors).

Further, getting insurance to cover these services is even more challenging, assuming one even has insurance—trans persons are less likely than the general population to have health insurance (Grant et al. 2011). Therefore another aspect of sharing information about local health practitioners is also sharing information about the nuances of insurance coverage. Pink discussed specifically “reaching out” to the trans social group in order to receive support in finding a doctor and gaining insurance coverage. “She [the facilitator] talked to the doctor for me because my insurance didn’t cover it [hormone replacement therapy] so she got him to – so I was able to go see that and that was really helpful, actually, because I was able to discuss everything about it and I felt a lot better after I was able to get through that.” After discussing the details of hormone replacement therapy (HRT) with the doctor Pink ultimately decided that she did not wish to begin HRT. However she felt a lot better because she knew she could access these medical services at a later time if she desired.

Information sharing was also instrumental in that it enabled trans persons to address experiences of discrimination directly. For example, the on-campus community had the ability to speak directly with the Dean of Students if trans students reported experiencing discrimination from a professor or faculty member. Although the trans social group could not report instances of discrimination to a specific person, Cecelia felt sure that if an instance of discrimination did occur, immediate action would be taken. “They would actually try to tackle that issue, help them feel more comfortable, and then see through the community if they could do anything about that. If it happened to do with maybe being in a business that was mean to them or something like that I’m sure that they would actually [do something] – ’cause she’s [the facilitator] really adamant about

activism and being out there and straightening things out.” Both groups had also already taken steps to ensure instrumental support even for trans persons who were not associated with either community. For example, the trans social group had worked to pass local nondiscrimination laws for housing, employment and access to bathroom facilities. And the on-campus group was currently petitioning the university to label all single-stall restrooms as gender neutral. Similarly, Sister Station and the Family were also frequently involved in local activism. In fact, this was one of the few arenas where the multiple communities discussed here were able to occasionally work together as a functional citywide trans community.

Mutual aid

As mentioned above, the instrumental support offered by Sister Station and the Family to its members is best understood as mutual aid. Morgan, a 23 year old trans woman, introduced me to the concept of mutual aid when she described Sister Station as “mutual aid in action.” Mutual aid refers to a specific theory of organization based on a voluntary and reciprocal exchange of resources and services to the benefit of a given community (Kropotkin 1972/1902). These exchanges took on a huge variety of forms in both communities.

Financial support was a common aspect of mutual aid. Because the Family encompassed members of a wider variety of different socioeconomic statuses (in contrast, members of Sister Station were all living in extreme poverty), poorer members were often loaned small amounts of money without any expectation of paying that money back. Sometimes financial support was given through the purchase of gifts. For example, James, a 23 year old trans man, described buying each other drinks or dinner if

financially able because “I know you’ve [referring to another community member] been working really hard lately and I know you can’t afford it so let me pay for dinner.” For members of Sister Station, financial support often included sharing food and food stamps with members who lived in community houses. Financial support could also be recognized in a willingness to trade rather than pay for services, such as when members of Sister Station traded food stamps for a ride to the grocery store. For both communities, financial support also included helping members locate affordable housing and find jobs, even if jobs were temporary. Such financial support was reciprocal because it was offered to all community members and was understood to benefit the entire community.

For the Family, where some members had had medical transition surgeries, taking care of each other following surgery was another example of mutual aid. For example James spoke of the instrumental support he received after his hysterectomy and spoke of the support he provided to Mark, a 23 year old trans man and another participant, after his top surgery:

I had a hysterectomy recently and I had one friend who wasn’t working and that friend came over every single morning to take care of me. And all of my friends who were working would come over in the nighttime and spend time with me and would help me with whatever I needed help with. And it [support] also looks like when Mark had his top surgery. I was financially in a position, out of all of our friends, I was financially able and my work was flexible enough that I was able to take 10 days off and go and specifically dedicate time and take care of him for the 10 days he was down south.

Clearly members provided instrumental support (in this case medical care while recovering from surgery). However, what is particularly noteworthy about this example is the way in which members were able to use their different socioeconomic statuses to the advantage of all community members. Thus one friend provided care to James in the morning because they were the only person who did not have to be at a job in the morning; yet James was able to provide care to Mark because he had a stable job that enabled him to be financially secure enough to take off more than a week. Given the reciprocal nature of this care, it is clearly mutual aid in action. Further this example of mutual aid cannot clearly be defined as solely instrumental support. One friend is needed to provide medical care, but having all his friends who were working come hang out in the evenings seems more akin to emotional support (checking-in).

Isabel, a 24 year old trans woman, provides another example of mutual aid that spanned both instrumental and emotional care when she described a “big processing session” she had with another member of Sister Station:

I was talking about a lot of stuff and like I had to take a shower and she was shampooing my hair and washing my face. I massaged her back later because she was in a lot of pain. And you know, it was very much a sisterhood, like we would take care of each other, like she would do my makeup. So that functioned to me as emotional labor because her doing my makeup helped me feel less dysphoric and we were about to go out. Like that’s the definition of sisterhood to me, like that sort of thing, you know? Like not just those acts but the combination of those acts, like the physical aspect of the emotional labor, like literally helping with

hygiene, putting makeup on, that sort of thing, and then the emotional labor of helping process like difficult thoughts and problems.

Both Isabel and the other member of Sister Station she is referring to are physically disabled. On bad days, being able to help with the mechanics of showing or give a massage provides needed instrumental support. However, as Isabel clearly states, this help is more than instrumental. When trans bodies are typically regarded with fear, disgust or fetishization being able to intimately connect with other trans bodies offers emotional support in itself. Having someone do your makeup is instrumental support (the other woman who did Isabel's makeup is much more experienced at doing makeup than she is), but it is also emotional because it helps Isabel feel less dysphoric, which is especially needed before going out where she will likely encounter discrimination based on her appearance.

Other instances of mutual aid that spanned both emotional and instrumental support included having one member of Sister Station make phone calls to doctors because "[she] has a really good passing voice so like sometimes when sometimes when someone can't make a phone call because they don't really want to be degendered, [she] will make a call for her, so like she's contacted doctors for me" (Irving). Calling doctors is a form of instrumental support, however it offers emotional support because it allows members to avoid being misgendered. Further, if the office being called perceives the person calling to be a woman, the office staff may be more likely to correctly gender her when she visits the office. James provided another example of how communities could help members avoid being misgendered. When members of the Family went out to eat together and split the check, he or another member would insist the server returned the

credit cards because it let everyone know “that they’re [the server] not going to call somebody by the wrong name or whatever. It’s being able to kind of create those spaces wherever we go.” As James suggests another aspect of mutual aid is anticipating members unique needs and attempting to address these and create safe(r) spaces whenever possible.

Resilience

Both emotional support and instrumental support are important because they allow trans persons to cope with experiences of cissexist discrimination. Yet coping is only a baseline; beyond coping lies resiliency, which is necessarily a successful, adaptive coping effort that allows stigmatized minorities to not only survive but to thrive (Meyer 2015). Within the minority stress model, resiliency is also unique from coping in that it is a property of the community, not individuals. By providing alternative norms and values, positive role models, opportunities for support, and both tangible and intangible resources, communities of similarly stigmatized others allow individuals to come to understand their stigmatized identity not as a source of shame but one of uniqueness and pride (Meyer 2015). Did the support described above enable the development of resilient trans communities? Assessing resiliency is difficult because the data for this study is comprised of participants’ *individual* experiences of community. Although resilient communities ideally produce resilient individuals, generalizing from individual to community is problematic. To avoid problematic generalization, in this brief section I attempt to highlight the ways in which support is anchored in participants’ communities and thus suggests resiliency operating at the *community level*.

As described in the previous section, all communities except the downtown community provided identity support for their trans members. Such support is similar to appraisal support in that it enables trans persons to form more positive self-evaluations of themselves. Specifically, participants' communities rejected the pathologization of trans identities by positioning cis actors and institutions as the root of trans persons' discriminatory experiences. By locating the problem within society not trans individuals, trans communities provide norms and values alternate to the dominant norms and values embedded in cissexism.

Contrasting the experiences of trans members in the downtown community, the only community in which a minority of members were trans, with the other four communities in which trans persons were in the majority, demonstrates not all communities can provide these alternative norms and values. Isabel, a 24 year old trans woman who belonged to both the downtown community and Sister Station, complained above about the way in which the former community did not provide specific support for her trans identity. For example, when Isabel described the negative experience of being misgendered at work to cis members of the downtown community she was disappointed with their reaction, "someone was like, 'oh well you can't really expect her [the woman who misgendered Isabel] to understand.' And that's kind of hurtful because it implies that like I am only a woman because you [another downtown community member] know I am." Instead of critiquing cissexism, which is responsible for assuming women must look a specific way, as Sister Station might have, the downtown community excused the actions of the woman who misgendered Isabel and suggested (however inadvertently) that Isabel's gender presentation was the cause of the problem. As the concept of

resiliency suggests, trans persons need trans communities in order to receive identity support.

And participants in trans communities acknowledged these communities' uniqueness. Irving, a 22 year old trans womyn, did not believe such support could be provided by other communities in which trans persons were not central, "I don't think that most of us would survive very long in the other communities. I think that it's a kind of materially dangerous for us to be in communities that couldn't be as supportive of us as this [community; Sister Station] is." The "material" aspect of trans community is experienced in the way in which trans persons shared both tangible and intangible resources. These resources were described in the previous section and included sharing information about the local landscape for trans persons, offering financial support in a variety of ways, providing intimate care after medical transition surgeries, and creating safer spaces for other trans persons whenever possible. These are community resources because they are available to all members of the community. More importantly, these are resources uniquely needed by trans persons. Other communities that were not composed primarily of trans persons "couldn't be as supportive" because they are unlikely to understand why trans persons even need these resources.

Again, it is difficult to draw conclusions about resiliency for this sample because analysis occurred primarily at the individual level and resiliency is a community property. However, participants in trans communities clearly pointed towards support as not only uniquely geared toward the needs of trans persons, but also as specifically located within the community. In other words, communities not individuals are the source

of this unique support. Thus the *trans* communities described in this study demonstrate resiliency.

CONCLUSION

Trans identity alone is clearly was not enough to unite trans persons in Townsville. Other identities, particularly gender and class, create divides that precluded the formation of a functional citywide trans community. Given that the citywide trans community was purely an imagined community, participants formed or sought out small personal communities that were capable of supporting their intersecting identities. I argued these communities can best be understood as families of choice due to their small size and their grounding in connection and care. Further, the emergence of these personal communities during a time when there is increased trans visibility accompanied by persistent social and legal discrimination parallels the historical development of families of choice within LGBTQ communities (Weston 1991). All communities studied, with the exception of the downtown community, offered both emotional and instrumental support for trans members. In fact, support is foreground in participants' understanding of community, such that community was implicitly defined as the people who support one. Trans communities (communities in which a majority of members are trans) demonstrated resilience through their provision of support suited to trans members' unique needs.

Limitations and Future Directions

Of course, no research is without limitations. Most importantly, this study is not representative nor is it generalizable. Participants were relatively homogenous (almost all

white, young adults) and all living in the same geographic location. Further, even for qualitative research the sample size is relatively small. Yet given that ten participants identified belonging in five distinct communities in a single midsize town, this study clearly demonstrates the need to better interrogate community. Researchers should always be mindful that “the” LGBTQ community and “the” trans community are largely rhetorical conveniences and imagined communities and are therefore not experienced by most gender and sexual minority persons. Thus future research should continue to interrogate how trans persons understand and experience community. Further, to fully capture the operation of support it is best for researchers to avoid asking about support from “the” trans community and instead allow trans participants to define their own trans community.

Another limitation of this study is that despite its interest in resiliency, which the minority stress model conceptualizes as a community level characteristic, data is drawn from individual interviews. This limits the conclusions that can be made about resiliency. Future research should continue to explore resiliency with more appropriate data, such as with participant observation in trans communities.

Contributions and Implications

Support is an important component of the minority stress model (Meyer 2003) because it enables stigmatized minorities, like trans persons, to cope with persistent experiences of discrimination. However, within this model support is unique in that it springs from communities of similarly stigmatized others. Identity support is the term used by minority stress researchers to discuss the ways in which persons with stigmatized identities receive positive affirmation for their identity from others with similar identities,

ultimately allowing them to understand their stigmatized identity as a source of uniqueness and pride. Throughout this study identity support was shown to be similar to appraisal support, which communicates information relevant to positive self-evaluation. Thus researchers working with the minority stress model may be able to better put their research in conversation with the larger stress process paradigm by drawing parallels between identity support and appraisal support.

Without an understanding of community, minority stress scholars cannot accurately capture support. While the concept of community has been interrogated for sexual minorities (Easterbrook et al. 2013; Fraser 2008; Heath and Mulligan 2008; Holt 2011; LeBeau and Jellison 2009; Lehavot, Balsam, and Ibrahim-Wells 2009; Morris et al. 2015; Peacock et al. 2001; Wilkinson et al. 2012; Woolwine 2000), the same cannot be said for gender minority communities. Thus this study presents a preliminary attempt to untangle the imagined trans community from trans persons' actual experiences of community. As I have shown, much support provided by trans communities may be missed when participants are only asked about support in reference to "the" LGBTQ and/or "the" trans community.

In this study I highlight the multidimensionality and uniqueness of the support provided by trans communities and conclude that the provision of such support demonstrates resiliency. Resiliency is integral to trans persons' ability to survive and thrive despite experiences with cissexist discrimination. Thus researchers, policymakers, community organizers and activists interested in improving the lives of trans persons should examine the support already provided by trans communities and consider how to

usefully strengthen these communities. Of course, addressing cissexism at the local, state and federal levels would also improve the lives of trans persons.

Focusing on community, support and resiliency enables researchers to bring in the lived experiences of trans persons in a way that positions them as agentic actors who, despite facing cissexist discrimination, stigmatization and marginalization on a daily basis, are able to survive and even thrive by creating unique communities for themselves. A further benefit of using the minority stress model is that it clearly establishes the worse mental health of trans persons is not a result of being transgender but of exposure to gender minority stress, and thus helps counter the continued pathologization of trans identities and lives.

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APPENDIX A: DEMOGRAPHIC PROFILE OF PARTICIPANTS

Name	Age	Gender	Race	Sexuality	Education	Income
Celeste	32	Trans Woman	White	Bisexual	Adv. Degree	\$20,000-\$39,999
Isabel	24	Trans Woman	White Latina	Lesbian	Some College	\$10,00-\$19,999
James	23	Trans Man	White	Queer	BFA	\$10,000-\$19,999
Pink	20	Trans Woman	White	Gray- asexual, Panromantic	Some High School	Less than \$10,000
Cecelia	41	Female	White	Bi-Curious	Some College	\$20,000-\$39,999
Godiva	21	Trans Woman	Latina	Pansexual	Some College	\$10,000-\$19,999
Mark	23	Trans Man	White	Queer	BA/BS	\$10,000-\$19,999
Hannah	24	Female	White	Pansexual	BA/BS	\$40,000-\$59,999
Morgan	23	Woman	White	Lesbian	Some College	Less than \$10,000
Irving	22	Trans Womyn	White	Lesbian	Some High School	Less than \$10,000